

MAY 18 2009

001/047

# FACSIMILE COVER SHEET

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From: John C. Pokotylo, Esq.

Date: May 18, 2009

Number of Pages Including Cover: 47

MESSAGE: FORMAL SUBMISSION OF:

- 1) Transmittal (1 pg.);
- 2) Fee transmittal (1 pg.); and
- 3) Election (44 pgs.).

Attorney Docket No.: OOCL-284 (2004OP527-1)

Appl. No.: 10/576,236

Applicants: Toshiaki WADA, et al.

Filed: April 14, 2006

Title: INFORMATION ACQUISITION DEVICE, INFORMATION PROVIDING DEVICE,  
AND INFORMATION PROVIDING SYSTEM

TC/A.U.: 2618

Examiner: Amar A. Daglawi

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Modified PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

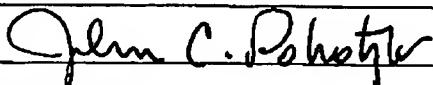
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/576,236 <b>Filing Date</b> April 14, 2006 <b>First Named Inventor</b> Toshiaki WADA <b>Group Art Unit</b> 2618 <b>Examiner Name</b> Amar A. Daglawi <b>Total Number of Pages in This Submission</b> _____ <b>Attorney Docket Number</b> OOCL-284 (2004OP527-1)
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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		

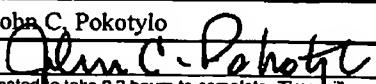
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)		
Signature			
Date	May 18, 2009		

## CERTIFICATE OF FACSIMILE

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MAY 18 2009

Modified PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 2008

Effective 09/30/2007. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/576,236
Filing Date	April 14, 2006
First Named Inventor	Toshiaki WADA
Examiner Name	Amar A. Daglawi
Art Unit	2618
Attorney Docket No.	OOCL-284 (2004OP527-1)

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	50-1049
Deposit Account Name	Straub & Pokotylo

The Commissioner is authorized to: (check all that apply)

Charge any underpayment of fee(s) indicated below  
 Charge any fee(s) due in connection with the filing submitted herewith  
 Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 130	2251 65	Extension for reply within first month	
1252 490	2252 245	Extension for reply within second month	
1253 1,110	2253 555	Extension for reply within third month	
1254 1,730	2254 865	Extension for reply within fourth month	
1255 2,350	2255 1,175	Extension for reply within fifth month	
1401 540	2401 270	Notice of Appeal	
1402 540	2402 270	Filing a brief in support of an appeal	
1403 1,080	2403 540	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 540	2452 270	Petition to revive - unavoidable	
1453 1,620	2453 810	Petition to revive - unintentional	
1501 1,510	2501 755	Utility issue fee (or reissue)	
1502 860	2502 430	Design issue fee	
1503 1,190	2503 595	Plant issue fee	
Petitions to the Commissioner - check fee sheet			
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 810	2809 405	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 810	2810 405	For each additional invention to be examined (37 CFR 1.129(b))	
1801 810	2801 405	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

SUBTOTAL (1) (\$ 0.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	X [ ] =	
Independent Claims	- 3*** =	X [ ] =	
Multiple Dependent		=	

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 52	2202 26	Claims in excess of 20
1201 220	2201 110	Independent claims in excess of 3
1203 380	2203 195	Multiple dependent claim, if not paid
1204 220	2204 110	**Reissue independent claims over original patent
1205 52	2205 26	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\*or number previously paid, if greater. For Reissues, see above

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

## SUBMITTED BY

Name (Print/Type)	John C. Pokotylo	Registration No. <i>(Attorney/Agent)</i>	36,242	Telephone	(732) 936-1400
Signature	<i>John C. Pokotylo</i>		Date	May 18, 2009	

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